

ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL PROGRAM (ADAPCP) ENROLLMENT

For use of this form, see AR 40-66; the proponent agency is OTSG

The person named below is being referred to the ADAPCP for a comprehensive assessment to determine whether or not the individual meets the criteria for enrollment.

1. Name <i>(Last, First, MI)</i> .	2. Rank/Grade.	3. SSN.	4. DOB.	5. Yrs Act/Fed Svc.
6. Is Servicemember/Employee expected to depart installation within 90 days? <input type="checkbox"/> YES NO <input type="checkbox"/>	7. Is Servicemember/Employee on flying status? <input type="checkbox"/> YES NO <input type="checkbox"/>		8. Is Servicemember/Employee involved in Personnel Reliability Program? <input type="checkbox"/> YES NO <input type="checkbox"/>	
9. Type of Referral: Biochemical <i>(Type Drug)</i> _____ Self _____ Command _____ Supervisor _____ Investigation/Apprehension _____ Medical _____ Other _____				
10. Record of Civilian Arrests/Convictions, Courts Martial, Company Punishments, and Disciplinary Problems, including those Pending: <i>(Specific dates and offenses)</i> _____ _____				
11. Performance: <i>(Give specifics of fair or unsatisfactory ratings)</i> Performance/ Efficiency: Excellent Good Fair Unsatisfactory Behavioral/ Conduct: Excellent Good Fair Unsatisfactory				
12. Reasons for Referral: <i>(Check appropriate spaces)</i>				
a. Physical Signs		b. Personality Changes		c. Other Behavioral Indicators
<input type="checkbox"/> Flushed Face		<input type="checkbox"/> Irritability		<input type="checkbox"/> Decreased Quality of Work
<input type="checkbox"/> Nervousness		<input type="checkbox"/> Increased Defensiveness		<input type="checkbox"/> Sporadic Work
<input type="checkbox"/> Red or Bleary Eyes		<input type="checkbox"/> Increased Use of Excuses		<input type="checkbox"/> Mood Changes after Lunch
<input type="checkbox"/> Hand Tremors		<input type="checkbox"/> Intolerant of Co-workers or Subordinates		<input type="checkbox"/> Drinking Before Lunch
<input type="checkbox"/> Hangovers on the Job				<input type="checkbox"/> Drinking During the Day
<input type="checkbox"/> Minor Illnesses				<input type="checkbox"/> Drinking After Lunch
<input type="checkbox"/> Minor Injuries				<input type="checkbox"/> Drinking During Duty
<input type="checkbox"/> Unexcused Absences				<input type="checkbox"/> Longer Lunch Hours
<input type="checkbox"/> Other _____				<input type="checkbox"/> Absenteeism
				<input type="checkbox"/> Improper Use of Drugs
d. Behavioral changes needed for soldier/employee to become effective/functioning in until: _____				<input type="checkbox"/> Unusual Excuses for Absences
				<input type="checkbox"/> Avoidance of Supervisor or associates
13. PATIENT IDENTIFICATION <i>(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility):</i>				